

Case Number:	CM13-0068511		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2012
Decision Date:	07/14/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old male who injured his neck, shoulder and back on 6/22/12 while performing his usual and customary job duties. The mechanism of injury was that his foot became caught under a rubber mat, fell forward towards his desk, grabbed it with both, and bounced back and landed in a seated position on the cement floor. His diagnoses include with discogenic disease at C5-6 and C6-7, right shoulder pain, and low back pain. Prior treatment history has included x-rays of his neck and shoulders. He received a shot of an analgesic and prescribed steroids. In September of 2012 he underwent right shoulder arthroscopic surgery with suture anchors. Following his physical therapy, he began a series of home exercises. X-rays of the cervical spine dated 3/31/14 revealed calcification of the anterior longitudinal ligament at C5-6 and C6-7 in addition to mild narrowing at C5-6 and C6-7. The findings are most consistent with degenerative disc disease and no specific acute traumatic type of injury. A progress note dated 9/17/13 documented that the patient stated his neck pain is currently intermittent. The pain radiates to the shoulders. He has no numbness of the arms. He has painful and somewhat limited range of motion of the neck. Symptoms increase with using his arms a lot. Examination of the cervical spine reveals there are muscle spasms on the paracervical area and on both deltoids. There are three arthroscopic scars on the right shoulder. There is tenderness on the posterior side of the neck into the occiput and on both lateral epicondyles to the deltoid. There is tenderness on both paravertebrals and both supraspinatus. There is +/- tenderness on both upper trapezii. There is no tenderness in the spinous process or sternocleidomastoid. The range of motion of the neck is flexion 50%, extension 75%, lateral bending right and left 70%, and rotation right and left 80%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY THREE (3) TIMES PER WEEK TIMES EIGHT (8) WEEKS

CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is indicated for the treatment of neck pain. Recommendations state that for most patients with more severe acute and subacute neck pain conditions, 8-12 visits over a period of over 6-8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. Physical therapy can also alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has had physical therapy and there is no specific indication for the requested 18 sessions. The claimant can continue his home exercise program. As such, the requested service is not medically necessary.